

**The Indiana State Income Tax rate is 3.4%**



**State of Indiana**

**Annuitant's Request for State Income Tax Withholding**

**FORM WH-4P**

Revised 9/90

Type or Print Full Name		Social Security Number
Home Address (Number and street)		
City	State	ZIP Code
Annuity Contract Claim Number or Identification Number (TRF Number)		
Enter the amount to be withheld <u>each month</u> from annuity or pension payment.		\$
I hereby request voluntary State Income Tax withholding from my annuity or pension payments.		
Signature of Annuitant	Date	